

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0038127

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5731 Registrar's No. 321

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0610

2 0610

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4 0

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12 90-8

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>White Township</u>		c. CITY OR TOWN <u>Goldsberry</u>	
Length of stay in lb <u>Yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>At Home</u>		d. STREET ADDRESS (If outside, give location) <u>West of Goldsberry</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Benjamin Franklin Turner</u>		4. DATE OF DEATH Month Day Year <u>Sept. 16 1966</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/4/1884</u>
9. AGE (last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	
11. BIRTHPLACE (City and state or country) <u>Goldsberry, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Lyle</u>	
14. NAME OF HUSBAND OR WIFE <u>Leona (Thompson) Turner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>567-34-4055</u>		17. INFORMANT Address <u>Mrs. Ruby Waygerby Hinsdale, Ill.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>NATURAL CAUSES</u> DUE TO (b) <u>NO DR. IN ATTENDANCE</u> DUE TO (c) _____ Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>NONE</u> to <u>NONE</u> and last saw her alive on <u>NONE</u> Death occurred at <u>12:05:45</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Louise Harefeld, Registrar</u>		22b. ADDRESS <u>Bevier, Mo</u>	
22c. DATE SIGNED <u>9-23-66</u>		23. NAME OF CEMETERY OR CREMATORY <u>Helton</u>	
23d. LOCATION (City, town, or county) <u>Northwest of Goldsberry, Mo.</u>		24. FUNERAL DIRECTOR <u>W. M. Collins</u>	
25. DATE RECD. BY LOCAL REG. <u>9-23-66</u>		26. REGISTRAR'S SIGNATURE <u>Louise Harefeld</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clyde McCallum

Licensed Embalmer No. 3226

P. O. Address South Gifford, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

[Handwritten signature/initials]